

Date of issue: Monday, 3 July 2023

<b>MEETING:</b>	<b>SLOUGH WELLBEING BOARD</b>
	Supt. Lee Barnham Thames Valley Police Representative
	Stephen Brown Chief Executive, SBC
	Haddy Bojang Slough Youth Parliament
	Sue Butcher Executive Director People (Children)
	Adrian Davies Department for Work & Pensions
	Caroline Farrar Executive Place Managing Director, Frimley Collaborative
	Marc Gadsby Executive Director People (Adults)
	Caroline Hutton Frimley Health NHS Foundation Trust
	Councillor Kelly Ramesh Kukar Tessa Lindfield Dr Jim O'Donnell Voluntary and Community Sector Public Health for Berkshire East East Berkshire Clinical Commissioning Group, Slough Locality
	Tess Scott Healthwatch East Berkshire
	Andrew Stockwell Royal Berkshire Fire and Rescue Service
	Councillor Wright
<b>DATE AND TIME:</b>	<b>TUESDAY, 11TH JULY, 2023 AT 3.00 PM</b>
<b>VENUE:</b>	<b>COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL</b>
<b>DEMOCRATIC SERVICES OFFICER: (for all enquiries)</b>	<b>MANIZE TALUKDAR 07871 982 919</b>

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



**STEPHEN BROWN**  
Chief Executive

**AGENDA  
PART I**

**AGENDA  
ITEM**

**REPORT TITLE**

**PAGE**

**WARD**

Apologies for absence.

**CONSTITUTIONAL MATTERS**

1. Declarations of Interest

*All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.*

2. Proposed Amendment to the Current Membership

3. Election of Chair & Vice Chair for the 2023/24  
Municipal Year

To seek nominations for the positions of Chair & Vice Chair of the Board for the 2023/2024 Municipal Year.

4. Minutes of the last meeting held on 15 March 2023 1 - 4

5. New Start for Health & Wellbeing Boards 5 - 10

6. Terms of Reference for the Slough Wellbeing Board 11 - 16

7. Date of Next Meeting - 19 September 2023

**Press and Public**

**Attendance and accessibility:** You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

**Webcasting and recording:** The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

**Emergency procedures:** The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

**Slough Wellbeing Board – Meeting held on Wednesday, 15th March, 2023.**

**Present:-** Councillors Pantelic (Chair), Hulme, Supt. Lee Barnham, Sue Butcher, Adrian Davies, Marc Gadsby and Ramesh Kukar

**Apologies for Absence:-** Councillor Stephen Brown and Haddy Bojang

**PART 1****1. Declarations of Interest**

No declarations were made.

**2. Minutes of the last meeting held on 18 January 2023**

**Resolved** – That the minutes of the meeting held on 18 January 2023 be approved as a correct record.

**3. Briefing: Children's Services**

The SBC Director of People, Children, in her capacity as Chair of the Children and Young People's Partnership Board, provided a brief update on Priority One: Health & Wellbeing Strategy 2021-2026.

The Chair stated it was important to ensure that children and young people were prioritised as a partnership, emphasised the importance of joined up provision and deliverable action plans and clearly messaging this to the community.

Following a question, the SBC Director advised that next steps and actions included the following:

- that each of the four ambitions set out in the report should have a designated leader, who would be responsible for bringing together different work strands and reporting back to the Partnership Board
- set up performance indicators, clarify how success would be measured and reported
- clarify accountabilities

The Chair stated that it would be more appropriate for the Board to take a strategic lead rather than get involved in day to day operational matters. She stated that at a recent informal Board meeting regarding the four priority areas, participants had reflected that some of the action points were not achievable for the Board and that therefore it would be more effective to focus on fewer, deliverable actions. For example, tackling children's obesity. Each area would have an action plan and a designated person to ensure its delivery. There was also a need for public awareness campaigns regarding

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these issues. This should be further discussed at a future meeting of the Wellbeing Board.

The Deputy Director of Public health added that it would be important to clarify what each of the priorities should encompass so that all parties were clear about the meaning and context of each priority.

**Resolved** – That the update be noted

### 4. Slough Early Help Strategy

The SBC Operational Manager Early Help Hub & Family Services gave a summary of the report, Slough Early Help Strategy.

The SBC Operational Manager advised that it was intended that the strategy be implemented and used. Lead professionals both at the Council and at partner agencies would be identified with training and support offered to them. It would be developed to ensure a multi-agency approach, rather than rely exclusively on a single member of staff.

Following a question, she advised that this was the broader strategy and the action plan for implementation would be informed by feedback from community and partners, an assessment of networks available and ensuring that work was not duplicated.

It was agreed that In terms of governance, implementation of the strategy would be reported back to the Children and Young People's Partnership Board. A launch would be planned and reported back to the Board as part of the next Starting Well priority update report.

**Resolved** – That the strategy be approved.

### 5. Verbal Update - ICS and Place

The Interim Slough Place Locality Director provided the following verbal update regarding the ICS and Place:

- Frimley ICS had submitted a business case to develop a Community diagnostic centre in slough which had garnered positive feedback and she was optimistic that the project would be able to proceed fairly swiftly. It would be situated at Upton hospital and would provide xrays, CT scanners and MRI machines for those patients with planned care and pathways for primary care patients would also be introduced in due course.
- Working in partnership with SBC, same day services were now being offered at Priors Close. It was running well with staff delivering over 100 appointments each day.

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- Chalvey health centre would be ready for occupation in August and would deliver mainly primary care in conjunction with partners.
- Small innovative projects such as the recent multi generation households visits which had offered vaccinations to children who had not yet had their primary immunizations, provided a range of health checks to all the family and raised awareness of prevention and other health matters had been well received by households. Further visits were being planned.
- Slough was piloting lung health checks in a mobile van outside Asda. 40-70 years were being targeted. Early figures were impressive as there had been many early lung cancer diagnoses and diagnoses of other illnesses.

She concluded by asking Board members to promote the above initiatives in the community.

**Action1:** The Chair asked for the revised ICS strategy to be circulated to the Board. She stated that in her view, some of the ICS priority areas were overly focussed on disease and she would like to see greater emphasis on prevention.

There had been a series of health assemblies where attendees had included the chairs of each of the local wellbeing Boards and that the new chair the Slough Board should be invited to attend future assembly meetings.

**Action 2:** She concluded by saying that she, the chief executive of SBC, the strategic partnership lead and other council officers had visited local partners, including places of worship and various community groups which worked on health outcomes and supporting families and children in Slough. The visit had been extremely fruitful in enhancing relationships with local groups and a learning experience for SBC staff.

**Resolved** – That the verbal update be noted.

### 6. National & Local Policy

**Resolved** – That this item be deferred to the next meeting.

### 7. Terms of Reference for the Slough Wellbeing Board

The Chair advised that the East Berkshire CCG and Frimley CCG had been superseded by the Frimley ICB/ICS and the Board's membership was being updated in light of this change.

**Resolved** – That the revised Terms of Reference be agreed.

### 8. Vote of Thanks

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The Chair thanked Board Members and officers for their hard work and contribution to the work of the Board.

The Portfolio Holder for Children's Services, Lifelong Learning & Skills thanked the Chair, who would be stepping down as a Councillor. She thanked her for her contribution to the Board and at the Council

**9. Date of Next Meeting**

Chair

(Note: The Meeting opened at 3.00 pm and closed at 4.10 pm)

**Slough Borough Council**

<b>Report To:</b>	Wellbeing Board
<b>Date:</b>	11 <sup>th</sup> July 2023
<b>Subject:</b>	A new start for our Health and Wellbeing Board
<b>Chief Officer:</b>	Tessa Lindfield, Director of Public Health – Slough Borough Council, RBWM and Bracknell Forest Council
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health – Slough Borough Council
<b>Ward(s):</b>	All
<b>Exempt:</b>	NO None
<b>Appendices:</b>	

**1. Summary and Recommendations**

- 1.1 This report sets out the statutory functions of the Health and Wellbeing Board as a formal committee of Slough Borough Council. The interface with the integrated care system – Frimley ICS and opportunities for the Board as it is relaunched.

**2. Recommendations:**

2.1 Committee is recommended to:

- (a) consider the opportunities listed in the context of Slough Wellbeing Board

Reason: The Health and Care landscape has changed over the last few years following NHS reforms introducing Integrated Care Systems (ICS). HWBs need to evolve and adapt to operate within this new context. Collaborating with the Integrated Care Board and the Integrated Care Partnership leaders to ensure effective working at system and place.

**3. Report:**

3.1 Health & Wellbeing Boards (HWBs) exist to:

- provide a strong focus on establishing a sense of place.
- instil a mechanism for joint working and improving the wellbeing of their local population.
- set strategic direction to improve health and wellbeing.

3.2 Along with local authorities (LAs) and the NHS, HWBs have a duty to improve the health of the population and to reduce health inequalities, those unfair differences in health seen between different communities. This will be crucial to achieve the Council vision of closing the healthy life expectancy gap.

3.3 Since their inception in 2013 HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting

strategic direction to improve the health and wellbeing of people locally<sup>1</sup>. This will enable Slough's strategic priorities that related to health to be championed within HWB partners to ensure delivery against these priorities.

### **3.4 Compulsory Activities**

3.4.1 There are some must dos for HWBs:

- Joint Strategic Needs Assessment (JSNA)
- Joint Local Health & Wellbeing Strategy (JLHWS)
- To promote integration
- Pharmaceutical needs assessment (PNA)

LAs and the NHS have equal and joint duties to prepare JSNA and JLHWS through the HWB, the intention is that these duties are discharged by the Board as a whole.

### **3.5 Joint Strategic Needs Assessment (JSNA)**

3.5.1 JSNAs are unique to each area, describing the current and future health and care needs of the community that could be met by Local Government or the NHS. They speak to core public health principles of designing services and interventions according to the need of the population, basing decisions on evidence and tackling inequalities.

3.5.2 JSNAs need to consider

- the demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages;
- how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services; and those with complex and multiple needs such as looked-after and adopted children, children and young people with special educational needs or disabilities, strengthening families, people in contact with the criminal justice system, survivors of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging;
- wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment; and
- what health and social care information the local community needs, including how they access it and what support they may need to understand it.

3.5.3 JSNAs use local intelligence to fill the gaps in formal data and evidence to create insights that drive evidence-based decision making.

3.5.4 In Berkshire the JSNA has a suite of resources, including profiles, reports and the Berkshire Observatory<sup>2</sup>. The latest people and place summary for Slough is available here [Overarching Resources and JSNA Summaries - Berkshire East JSNA \(berkshirerepublichealth.co.uk\)](https://www.berkshirerepublichealth.co.uk/overarching-resources-and-jsna-summaries-berkshire-east-jsna)



### 3.6 JLHWS

3.6.1 The JLHWS is the strategy to meet the needs identified by the JSNA, setting a small number of key priorities for action. JHWS should translate JSNA findings into clear outcomes the Board wants to achieve, which then inform local commissioning and service delivery.

3.6.2 Both the ICB and LAs have a duty to have regard to the JHWS in their planning and delivery

3.6.3 Slough's JLHWS is known as the Slough Wellbeing Strategy 2020-2025





<b>Priority One: Starting Well</b>		This priority is an area where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Starting Well theme will be led by the Children and Young People's Partnership Board.
<b>Priority Two: Integration</b>		This priority is an area where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Integration theme will be led by the Health and Social Care Partnership Board.
<b>Priority Three: Strong, Healthy and Attractive Neighbourhoods</b>		This priority is an area where the Slough Wellbeing Board will directly lead on the work being done. To achieve these ambitions the board will work with local communities to understand the issues facing them, co-design SMART neighbourhood plans together, and work together to implement the actions outlined in these plans.
<b>Priority Four: Workplace Health</b>		This priority is an area where the Slough Wellbeing Board will directly lead on the work being done. To achieve these ambitions, the board will build connections with local businesses in Slough to promote information about Workplace Health, establish a set of Wellbeing Awards to celebrate best practice from employers, create a toolkit of resources relating to Workplace Health, and promote culture change surrounding Workplace Health in employers across the borough.

Figure 1: SWBS 2020-2025 Priorities

### 3.7 Other

3.7.1 HWBs are also responsible for publishing a pharmaceutical needs assessment and for promoting integration of health and care services.

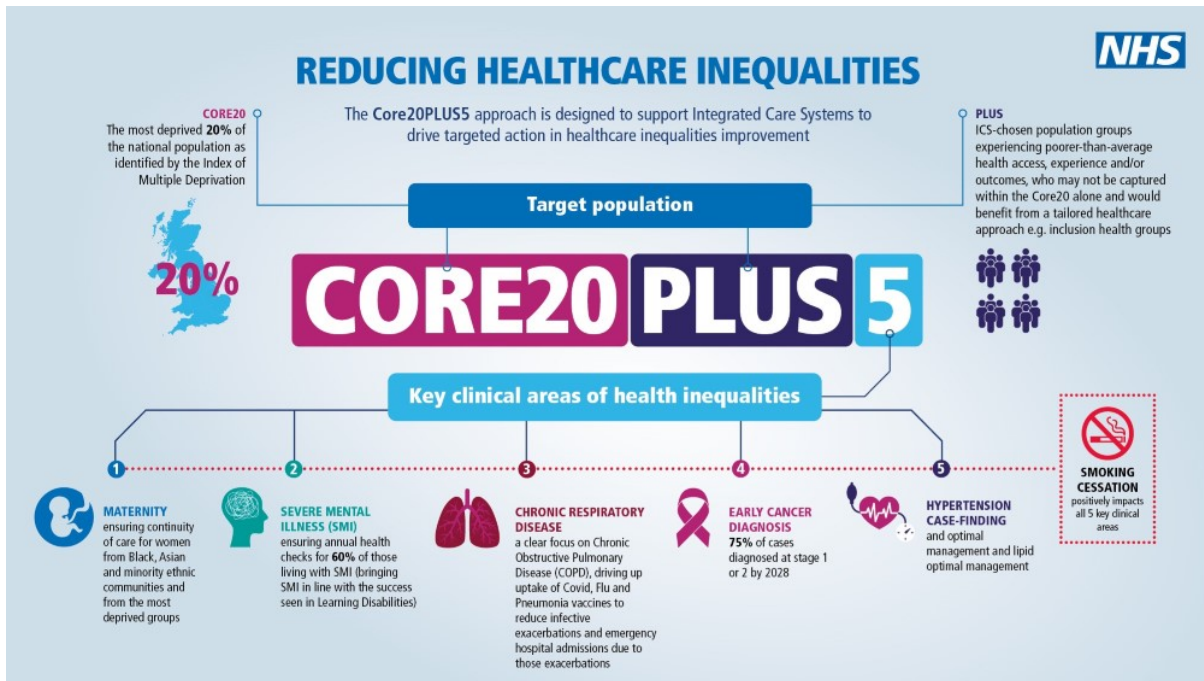
### 3.8 HWBS and Integrated Care Systems

3.8.1 The LGA describes HWBs as a *single point of continuity in a constantly shifting health and care landscape*<sup>3</sup>. It is now a time of significant and complex change with NHS reforms introducing Integrated Care Systems (ICS). HWBs need to evolve and adapt to operate within this new context and can work with Integrated Care Board and the Integrated Care Partnership leaders to ensure effective working at system and place working.

3.8.2 Slough is one of 5 'places' within the Frimley system. There are place and system groups and committees where partners to convene to progress integration, quality and health inequalities work.

3.8.3 The Core20PLUS programme underpins the ICS work on inequalities as shown in the graphic below. The HWB has a duty to decrease health inequalities and will be an important forum to ensure support for this programme across the wider partnership. For example, the HWB may wish to look at how LA services and functions can assist in levelling up outcomes in the key clinical areas. Slough is a vital partner in the ICS for this work as most of Slough's neighbourhoods are within the most deprived 20% areas in Frimley.

<sup>3</sup> [Health and wellbeing systems | Local Government Association](#)



### 3.9 HWB as a Council committee

- 3.9.1 The HWB is a formal committee of the LA but is a bit different from other committees. Several of the rules that apply to other committees are disapplied for HWBS – this includes officers and members having equal voting rights and no requirement for political balance on the Board.
- 3.9.2 HWBs are bound by the Public Sector equality duty. This is not just about how the community is involved in decision making but includes consideration of the experiences and needs of people with relevant protected equality characteristics, as well as considering other groups identified as vulnerable in JSNAs; and the effects decisions have or are likely to have on their health and wellbeing.
- 3.9.3 The core membership of the HWB is prescribed<sup>4</sup>. The 2012 Act prescribes a core statutory membership of at least one elected representative, nominated by the Leader of the council, a representative from each CCG (now ICS) whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children’s services, and public health and a representative from the local Healthwatch organisation. It is for the Leader to determine the precise number of elected and representatives on the board, and the Board can add other members.

### 3.10 HWB Opportunities

- 3.10.1 In the new ICS context, there are programmes across the Frimley system and at each place. Traditionally work at place has been the domain of the HWB and there is a risk of duplication and competition between the groups if the relationships and programmes of work are not organised synergistically.

<sup>4</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf)

- 3.10.2 A key point of difference for the HWB is the duty to describe need and inequality and produce the overarching strategy that the NHS and the LA has a duty to have regard to. The Board may wish to ask for evidence that their strategy is being taken into account. This gives the Board a unique opportunity to focus partners' work on the activities most likely to drive improvements in health and wellbeing and tackle inequalities.
- 3.10.3 The HWB can also influence effective investment in health and wellbeing, through promotion of the JSNA and PNA as tools for evidence based decision making.
- 3.10.4 The HWB is in an ideal position to connect the various groups and partnerships working on health and care issues. There is a good example from Southend<sup>5</sup> where the HWB brought together work across partnerships to better impact the harm from drugs in the town. The HWB can convene meetings and working sessions to build consensus on priorities across partnerships, drive action and unblock issues and working relationships that might be thwarting progress.
- 3.10.5 With its strong links and influence across local government the HWB can instigate action on the wider determinants of health across the partnership, for example on healthy housing, inclusive growth.
- 3.10.6 The Board is also in a position to oversee pilots and trials of new approaches and share and learn from other Boards.
- 3.10.7 The Board is ideally placed to inform and engage with residents to co create solutions to improve health and wellbeing.

Tessa Lindfield  
Director of Public Health  
Slough Borough Council, RBWM, Bracknell Forest Council

21<sup>st</sup> June 2023

## **4. Background**

4.1 Slough's Wellbeing Strategy was published in 2020, work has been undertaken against each of the priorities. In March 2023 as part of a HWB workshop to review the existing strategy - it was decided to continue with the same four priorities, but to review the action plans against them to ensure they were still current given the legislative changes within the NHS and recovery from the COVID 19 pandemic.

## **5. Implications of the Recommendation**

### *5.1 Financial implications*

5.1.1 None above and beyond what was committed to deliver the Wellbeing Strategy previously.

### *5.2 Legal implications*

5.2.1 HWBs statutory duties include:

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<sup>5</sup> [Southend Borough Council: providing a coordinated approach | Local Government Association](#)

- Publishing a Joint Strategic Needs Assessment (JSNA)
- Publishing and delivering a Joint Local Health & Wellbeing Strategy (JLHWS)
- Promoting integration
- Conducting a pharmaceutical needs assessment (PNA)

LAs and the NHS have equal and joint duties to prepare JSNA and JLHWS through the HWB, the intention is that these duties are discharged by the Board as a whole.

5.2.2. The 2012 Health and Social Care Act prescribes a core statutory membership of at least one elected representative, nominated by the Leader of the council, a representative from each CCG (now ICS) whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation. It is for the Leader to determine the precise number of elected and representatives on the board, and the Board can add other members.

### 5.3 *Risk management implications*

3.3.1 The risk of not having a fully functional HWB is opportunities are missed to improve the health and wellbeing of Slough residents and consequently not achieve the corporate vision of improving healthy life expectancy.

### 5.4 *Environmental implications*

5.4.1 It is well recognised at a global and national level that climate change is already impacting health, and this will worsen as temperatures continue to rise; those who are most affected will be people who are least able to protect themselves including people from low-income and disadvantaged communities, thus increasing health inequalities. An effective HWB will enable cross working between environment and health colleagues to consider the co-benefits to health and the environment on priorities such as air pollution.

### 5.5.1 *Equality implications*

6.5.1 HWBs are bound by the Public Sector equality duty. This is not just about how the community is involved in decision making but includes consideration of the experiences and needs of people with relevant protected equality characteristics, as well as considering other groups identified as vulnerable in JSNAs; and the effects decisions have or are likely to have on their health and wellbeing.

## **6. Background Papers**

<https://slough.berkshireobservatory.co.uk/>

[Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

## SLOUGH WELLBEING BOARD TERMS OF REFERENCE

(Last Updated May 2023)



### 1. Purpose and objectives

- 1.1 The Slough Wellbeing Board (the Board) will act as a high level strategic partnership for the Borough. It will aim to strengthen partnership working across the borough to maximise resources and make a positive impact on the health and wellbeing of the people of Slough. This will include a focus on opportunities for co-commissioning between partners and co-production with the local population.
- 1.2 The Board will carry out the statutory functions of Health and Wellbeing Board as set out in the Health and Social Care Act 2012 and all other relevant statutory provision:
- To prepare and publish a Joint Strategic Needs Assessment for Slough.
  - To prepare and publish a Joint Health and Wellbeing Strategy for Slough.
  - To give its opinion to the East Berkshire Clinical Commissioning Group as to whether their Commissioning Plans adequately reflect the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
  - To comment on the sections of the East Berkshire Clinical Commissioning Group's Annual Report which describe the extent of their contribution to the delivery of the Joint Health and Wellbeing Strategy.
  - To give its opinion, as requested by the NHS Commissioning Board, on East Berkshire Clinical Commissioning Group's level of engagement with the Board, and on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
  - To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
  - To work with partners to identify opportunities for future joint commissioning.
  - To lead on the signing off of the Better Care Fund Plan.
  - To publish and maintain a Pharmaceutical Needs Assessment.
  - To give its opinion to the Council on whether it is discharging its duty to have regard to any Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared in the exercise of its functions.
  - To exercise any Council function which the Council delegates to it.
  - To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
  - To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.

## **2. Membership**

- 2.1 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The membership of the Board will consist of:
- The Cabinet Member for Social Care and Public Health
  - The Cabinet Member for Children's Services, Lifelong Learning & Skills
  - The Chief Executive of Slough Borough Council
  - The Chief Executive of Slough Children First
  - The Executive Director of People (Adults) – Slough Borough Council
  - The Executive Director of People (Children) – Slough Borough Council
  - The Director for Public Health (Berkshire)
  - A representative of the Frimley Collaborative Clinical Commissioning Group – Slough Locality
  - A Frimley Health NHS Foundation Trust Representative
  - Executive Place Convenor for Slough at the ICS
  - A representative of Slough Healthwatch
  - The Local Police Area Commander
  - A representative of the Royal Berkshire Fire and Rescue Service
  - A representative of Slough's voluntary and community sector
  - A representative of Slough's Youth Parliament
  - A representative from the Slough Jobcentre (Department of Work and Pensions)
  - Two local business representatives
  - Other members appointed by the Board or the Leader of the Council after consultation with the Board
- 2.2 The two local business representatives will be appointed for a period of two years. No business representative shall be appointed for more than two consecutive terms.
- 2.3 The Board will keep membership under review and make recommendations to Council as required.
- 2.4 Membership of the Board will be reviewed annually.**
- 2.5 The Chair of the Board will be required to hold a named delegate list for Board representatives including deputies.
- 2.6 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Democratic Services Officer in advance of the meeting. The substitute shall abide by the Code of Conduct.
- 2.7 Board members are bound by the same rules as Councillors, including submitting a Register of Interests.
- 2.8 The following are disqualified from being a Board Member:

- a) Any person who is the subject of a bankruptcy restriction order or interim order; and
- b) Any person who has within five years before the day of being appointed or since his or her appointment has been convicted in the United Kingdom, the Channel Islands or the Isle of Man, of any offence and has had passed on them a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

### **Election of Chair and Vice-Chair**

- 2.9 Each year, the Board will appoint its own Chair and Vice Chair who must be voting members of the Board. In the absence of the Chair or the Vice Chair the Board shall elect a Chair for that meeting from the members present.

### **Resignation**

- 2.10 Members may resign by giving written notice to the Chair.

### **Members' roles and responsibilities**

- 2.11 All members of the Board will commit to the following roles, responsibilities and expectations:
- a) Commit to attending the majority of meetings;
  - b) Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest;
  - c) Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties;
  - d) Champion the work of the Board in their wider networks and in community engagement activities;
  - e) Participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
  - f) Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be effectively disseminated.

## **3. Working arrangements**

- 3.1 The Slough Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.
- 3.2 The Board shall schedule meetings at least six times a year.
- 3.3 The Board will meet in public and comply with the Access to Information procedures.

- 3.4 The filming/recording of all public meetings is allowed in accordance with the Council's Constitution.
- 3.5 The Board will hold ad-hoc meetings, workshops and development sessions throughout the year as and where appropriate.
- 3.6 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the Chair will have the casting vote.
- 3.7 All members have an equal vote.
- 3.8 Meetings will be deemed quorate if at least one third of members are present and in no case shall the quorum for the Board be less than 5. If the number of members increases this will need to be reviewed. Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.
- 3.9 The Board will produce an Annual Report which will be shared with all member organisations and published on the Council's website.

#### **4. Relationship to other partnership groups**

- 4.1 A network of partnerships groups is already in place which will act as the vehicle for the delivery of the Slough Wellbeing Strategy. The Board will coordinate activity between these and any new groups, to make the best use of resources in achieving common outcomes.
- 4.2 The Board may establish sub groups or Task and Finish groups to help it undertake its statutory and strategic functions.
- 4.3 The Board may ask for regular reports from the other partnership groups, at least annually, highlighting any areas the Board may be able to support.
- 4.4 For the avoidance of doubt these groups are not sub committees of the Council.
- 4.5 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Slough Borough Council's Scrutiny Panel. Decisions taken and work progressed by Slough Wellbeing Board will be subject to scrutiny by the Council's Scrutiny Panels.

#### **5. These terms of reference will be reviewed annually and will require the approval of the full Council.**



<sup>1</sup> *The Board does not have to comply with Part 4.1 rule 7 of the Council's Constitution.*

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